

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

05

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		11950.90
(b) Cash on Hand at Beginning of Reporting Period	25602.47	
(c) Total Receipts (from Line 19)	51648.00	252214.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	77250.47	264165.27
7. Total Disbursements (from Line 31)	57109.52	244024.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20140.95	20140.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	37650.00	172220.00
(ii) Unitemized	12998.00	74512.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	50648.00	246732.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1770.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	51648.00	248502.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1948.98
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51648.00	252214.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51648.00	252214.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	41567.66	176267.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	41567.66	176267.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	15541.86	57756.67
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15541.86	57756.67
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57109.52	244024.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	57109.52	244024.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	51648.00	248502.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51648.00	248502.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41567.66	176267.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1948.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41567.66	174318.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Knute Aarsheim

Mailing Address 305 Delano Rd

City State Zip Code
 Marion MA 02738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Act I, Inc.

Occupation
Fisherman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 70419.C165131

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)

Rafik Attia

Mailing Address 11 Fuller Pond Road

City State Zip Code
 Middleton MA 01949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165056

Amount of Each Receipt this Period

200.00

Receipt

C. Full Name (Last, First, Middle Initial)

Elliot Baines

Mailing Address 360 Indian Harbor Rd.

City State Zip Code
 Vero Beach FL 32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 7

Transaction ID: 70427.C165347

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. James Barker

Mailing Address 10 Naomi Drive

City

Gloucester

State

MA

Zip Code

01930-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 7

Transaction ID: 70409.C165003

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

B. Joseph Bassett

Mailing Address 14 Norfolk Rd.

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Church of Chestnut
Hill

Occupation
Minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 70419.C165094

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

C. Stephen Binder

Mailing Address PO Box 286

City

Lincoln

State

MA

Zip Code

01773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 70419.C165159

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Michael Brockelman

Mailing Address 127 Highland St.

City State Zip Code
 Holden MA 01520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowditch & Dewey

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: 70419.C165076

Amount of Each Receipt this Period

1000.00

Receipt

B. Full Name (Last, First, Middle Initial)

David Brown

Mailing Address PO BOX 672

City State Zip Code
 Hyannis Port MA 02647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Tarantino

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165057

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)

Christopher Collins

Mailing Address 72 Harbor Street

City State Zip Code
 Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Collins & Company, LLC

Occupation
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 3 / 2 0 0 7

Transaction ID: 70409.C164980

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

James Davis

Mailing Address 9 The Ledges Road

City

Newton

State

MA

Zip Code

02459

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Balance Shoes

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: 70419.C165075

Amount of Each Receipt this Period

15000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City

Peabody

State

MA

Zip Code

01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: 70427.C165296

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joseph Flynn

Mailing Address 130 BOWDOIN ST., APT. 1806

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 70419.C165093

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

16100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Richard Hardy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 41 McGregor Rd.		Transaction ID: 70419.C165079
City Sturbridge	State MA	Zip Code 01566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hyde Manufacturing	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

B. Full Name (Last, First, Middle Initial) Jeanne Kangas		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 959 Hill Rd		Transaction ID: 70409.C164979
City Boxborough	State MA	Zip Code 01719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Arnold & Kangas, P.C.	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Receipt

C. Full Name (Last, First, Middle Initial) George Kariotis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 8 Poets Path		Transaction ID: 70419.C165193
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alpha Industries	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Caleb Loring		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 235		Transaction ID: 70427.C165238
City Prides Crossing	State MA	Zip Code 01965
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Althine Marsh		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 1213 Heatherwood		Transaction ID: 70427.C165294
City YarmouthPort	State MA	Zip Code 02675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Robert Mundie		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 44 Ryefield Road		Transaction ID: 70419.C165195
City Fitchburg	State MA	Zip Code 01420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Lovett Peters		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 81 Old Orchard Rd.		Transaction ID: 70427.C165297
City Newton	State MA	Zip Code 02467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pioneer Institute	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

B. Full Name (Last, First, Middle Initial) John Shaughnessy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 91 Longmeadow Rd.		Transaction ID: 70427.C165237
City Milton	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Shaughnessy and Ahern	Occupation Businessman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Campbell Steward		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 65 Asbury St.		Transaction ID: 70419.C165160
City Topsfield	State MA	Zip Code 01983
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kona Corp.	Occupation Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Sandra Stotsky

Mailing Address 246 Clark Road

City State Zip Code
 Brookline MA 02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant in Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 70419.C165092

Amount of Each Receipt this Period

250.00

Receipt

B. Full Name (Last, First, Middle Initial)

Gerard Townsend

Mailing Address 34 Proctor St.

City State Zip Code
 Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investment Manager/Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165054

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)

Polly Townsend

Mailing Address 34 Proctor St

City State Zip Code
 Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165055

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

E. Andrew Wilde

Mailing Address 1210 Greendale Ave.
Apt. E3

City State Zip Code
Needham MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: 70427.C165295

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

37650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Romney for President, Inc

Mailing Address PO Box 55239

City State Zip Code
 Boston MA 02205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 7

Transaction ID: 70409.C165070

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. A.I.M. Mutual Insurance Co.

Mailing Address 54 Third St.

City
Burlington

State
MA

Zip Code
01803-

Purpose of Disbursement
WORKERS COMP INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2045.00

WORKERS COMP INSURANCE

Full Name (Last, First, Middle Initial)

B. Insurance Barrows

Mailing Address 215 North Main St.

City
Mansfield

State
MA

Zip Code
02048-

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1723.28

INSURANCE

Full Name (Last, First, Middle Initial)

C. Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City
Boston

State
MA

Zip Code
02127-

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

329.00

STORAGE

SUBTOTAL of Disbursements This Page (optional)

4097.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Crowne Plaza Natick

Mailing Address 1360 Worcester Rd.

City Natick State MA Zip Code 01760-

Purpose of Disbursement
ROOM RENTAL FOR STATE COMMITTEE MEETING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9744

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

1645.00

ROOM RENTAL FOR STATE COM-
MITTEE MEETING

Full Name (Last, First, Middle Initial)

B. Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9686

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

660.00

ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial)

C. Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9742

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

808.50

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

3113.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. DirecTV DirecTV

Mailing Address PO Box 60036

City
Los Angeles

State
CA

Zip Code
90060-0036

Purpose of Disbursement
CABLE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.57

CABLE SERVICE

Full Name (Last, First, Middle Initial)

B. DirecTV DirecTV

Mailing Address PO Box 60036

City
Los Angeles

State
CA

Zip Code
90060-0036

Purpose of Disbursement
CABLE SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

154.90

CABLE SERVICES

Full Name (Last, First, Middle Initial)

C. Kirk Dobson

Mailing Address 1209 Boylston St.

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.70

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)

383.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Brian Dodge

Mailing Address 10 Parker Road

City
Groveland

State
MA

Zip Code
01834-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.82

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

B. Copy Cop

Mailing Address Milk Street

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
B.DODGE REIMBURSEMENT FOR PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

204.12

[MEMO ITEM]

MEMO: B.DODGE REIMBURSEMENT FOR PRINTING

Full Name (Last, First, Middle Initial)

C. Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
EXPRESS MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9713

Date of Disbursement

/ /

Amount of Each Disbursement this Period

111.13

EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional)

561.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
EXPRESS MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.04

EXPRESS MAIL

B. Guardian Guardian

Full Name (Last, First, Middle Initial)

Mailing Address Boston Group Office
1 Liberty Square

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

397.17

INSURANCE

C. HPH Inc. Harvard Pilgram Heal

Full Name (Last, First, Middle Initial)

Mailing Address 1200 Crown Colony Dr.

City
Quincy

State
MA

Zip Code
02169-

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1210.75

HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)

1636.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

458.78

PAYROLL

Full Name (Last, First, Middle Initial)

B. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9733

Date of Disbursement

/ /

Amount of Each Disbursement this Period

393.35

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Plymouth Harbor Radisson Hotel

Mailing Address 180 Water St.

City Plymouth State MA Zip Code 02360-

Purpose of Disbursement
L.JONES REIMBURSEMENT FOR LODGING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9734

Date of Disbursement

/ /

Amount of Each Disbursement this Period

288.72

[MEMO ITEM]

MEMO: L.JONES REIMBURSEMENT
FOR LODGING

SUBTOTAL of Disbursements This Page (optional)

852.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Lexis-Nexis

Mailing Address PO Box 7247-7090

City
Philadelphia

State
PA

Zip Code
19170-

Purpose of Disbursement
RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

RESEARCH

Full Name (Last, First, Middle Initial)

B. Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City
Columbus

State
OH

Zip Code
43215-

Purpose of Disbursement
GENERAL MAILING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

GENERAL MAILING

Full Name (Last, First, Middle Initial)

C. mindShift Technologies, Inc.

Mailing Address PO Box 200105

City
Pittsburgh

State
PA

Zip Code
15251-

Purpose of Disbursement
COMPUTER NETWORK SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1596.00

COMPUTER NETWORK SERVICES

SUBTOTAL of Disbursements This Page (optional)

3846.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City
Philadelphia

State
PA

Zip Code
19170-0322

Purpose of Disbursement
COPIER RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9708

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

1076.55

COPIER RENTAL

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9684

Date of Disbursement

04 / 05 / 2007

Amount of Each Disbursement this Period

4180.36

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL SERVICE CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9690

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

241.23

PAYROLL SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

5498.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL SERVICE - 401K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70419.E9697

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

155.00

PAYROLL SERVICE - 401K

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9706

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

4036.34

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Plymouth Harbor Radisson Hotel

Mailing Address 180 Water St.

City
Plymouth

State
MA

Zip Code
02360-

Purpose of Disbursement
CAMPAIGN TRAINING EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9737

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

1231.37

CAMPAIGN TRAINING EVENT

SUBTOTAL of Disbursements This Page (optional)

5422.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. SCM Associates

Mailing Address Steve Meyers
PO Box 720

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
DIRECT MAIL AND TELEMARKE-

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9715

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

5665.04

DIRECT MAIL AND TELEMARKE-
TING

Full Name (Last, First, Middle Initial)

B. SCM Associates

Mailing Address Steve Meyers
PO Box 720

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
DEIRECT MAIL AND TELEMARKE-

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9738

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

6209.42

DEIRECT MAIL AND TELEMARKE-
ETING

Full Name (Last, First, Middle Initial)

C. Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9709

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

100.49

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

11974.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9739

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

313.58

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Verizon- Verizon Internet Ser

Mailing Address PO Box 101096

City Atlanta State GA Zip Code 30392-

Purpose of Disbursement
INTERNET SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9741

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

767.62

INTERNET SERVICES

Full Name (Last, First, Middle Initial)

C. WI-t Watson Law - Trust

Mailing Address 140 Great Rd.

City Bedford State MA Zip Code 01730-

Purpose of Disbursement
LEGAL CONSULING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9689

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

900.00

LEGAL CONSULING

SUBTOTAL of Disbursements This Page (optional)

1981.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Watson Law Office

Mailing Address 140 Great Rd.

City
Bedford

State
MA

Zip Code
01730-

Purpose of Disbursement
LEGAL SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9716

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1800.00

LEGAL SERVICE

Full Name (Last, First, Middle Initial)

B. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9688

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

56.40

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)

C. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
REIMBURSEMENT FOR MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70514.E9743

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

328.75

REIMBURSEMENT FOR MILEAGE

SUBTOTAL of Disbursements This Page (optional)

2185.15

TOTAL This Period (last page this line number only)

41553.14

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Kirk Dobson

Mailing Address 1209 Boylston St.

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9679

Date of Disbursement

/ /

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

B. Kirk Dobson

Mailing Address 1209 Boylston St.

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9700

Date of Disbursement

/ /

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

C. Brian Dodge

Mailing Address 10 Parker Road

City
Groveland

State
MA

Zip Code
01834-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2028.39

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2955.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Brian Dodge

Mailing Address 10 Parker Road

City
Groveland

State
MA

Zip Code
01834-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9701

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2028.39

PAYROLL

Full Name (Last, First, Middle Initial)

B. Bruce Harrison

Mailing Address 101 Elm St

City
Wakefield

State
MA

Zip Code
01880-

Purpose of Disbursement
PAYROLL-ADMINISTRATIVE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

PAYROLL-ADMINISTRATIVE SU-
P-PORT

Full Name (Last, First, Middle Initial)

C. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City
North Quincy

State
MA

Zip Code
02171-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

974.76

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4003.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9702

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Amount of Each Disbursement this Period

974.76

PAYROLL

Full Name (Last, First, Middle Initial)

B. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70409.E9682

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Amount of Each Disbursement this Period

2567.76

PAYROLL

Full Name (Last, First, Middle Initial)

C. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70427.E9703

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Amount of Each Disbursement this Period

2567.76

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

6110.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70409.E9683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

B. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70427.E9704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2473.18

TOTAL This Period (last page this line number only)

15541.86

Image# 27990071022

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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